Reserved for Office Use: Date/Time Stamp

LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7322
INTERNET ADDRESS: www.honolulu.gov/liq

HONOLULU LIQUOR COMMISSION (HLC)
LICENSEE CONTACT INFORMATION

Date:_____

Liquor License #: _____

Licensee Name: _____ DBA: _____

Licensee Contact Name: _____ Phone: _____

Mailing Address: _____

To receive all types of email updates, provide contact person(s) information as follows:
(Including: Gross Liquor Sales (GLS), License Renewal, Important Announcements and Training Information)

Name:_____ Email: _____ Phone: _____

Or to receive emails at different email addresses, indicate as follows:

For Gross Liquor Sales (GLS) Reports

Name:_____ Email: _____ Phone: _____

For License Renewal Information

Name:_____ Email: _____ Phone: _____

For Important Announcements and Training Information

Name:_____ Email: _____ Phone: _____

I approve and authorize the Honolulu Liquor Commission (HLC) to update their Commission records and use the above contact information to communicate any HLC information via email. For new applicants, your email information will be added upon liquor license approval. HLC will not share or sell this contact information (above) to any third party.

_____ _____
SIGNATURE Licensee (Owner) Name Date

_____ _____
PRINT Licensee (Owner) Name Title

Return this form to HLC via:

Mail: Honolulu Liquor Commission
Attn: Licensing Clerk
711 Kapiolani Blvd., Suite 600
Honolulu, HI 96813

or **Email**: liq-licensing@honolulu.gov

or **FAX**: (808)768-7322
Attn: Licensing Clerk

If you have any questions, please call (808)768-7333 or email liq-licensing@honolulu.gov

OFFICE USE:

LCIS ENTRY DATE:_____ HLC STAFF INITIAL:_____